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Gender affirmation and social exclusion amongst trans women of color in Australia

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ABSTRACT

Introduction: Transgender (trans) women of color navigate the intersected identity frames of gender, race, social class and sexuality, whilst facing multiple layers of stigma, discrimination and violence during and following gender affirmation. However, little is known about the ways in which trans women of color negotiate gender affirmation, in the context of the risk of social exclusion and violence.

Aim: This article discusses the experience and construction of gender transitioning and gender affirmation for trans women of color living in Australia, associated with the risk of social exclusion or violence.

Method: In-depth interviews and photovoice were conducted with 31 trans women of color, analyzed through theoretical thematic analysis informed by intersectionality theory.

Results: The following themes were identifed: 1) 'Gender affirmation: A bittersweet experience', with three subthemes: 'Self-empowerment is tempered by family rejection', 'Migration facilitates gender affirmation' and 'Gender affirmation and social support'; 2) 'Being a trans woman of color', subthemes: 'Bodily agency and passing', 'Femininity as pleasure and cultural self-expression', and 'Resisting archetypal White hetero-femininity'; 3) 'Hormones, surgical intervention and navigating the health system'.

Conclusion: Gender transitioning and gender affirmation involved the intersection of gender, cultural, social class and sexual identities, accomplished through personal agency and with the support of significant others. To ensure that policy and support services meet the needs of trans women of color, it is critical that the voices of such multiply-marginalized women are at the center of leadership, program and policy development.

Introduction

Gender affirmation, stigma and violence

For the majority of transgender (trans) individuals, gender transitioning and affirmation is experienced as a process of "becoming", "closure" and "home-coming" (Prosser, 1998, p. 90), with gender dysphoria often replaced by gender euphoria (Benestad, 2010). This is reflected in improvements in mental health, including reduced symptoms of depression, anxiety, and suicidal ideation (Glynn et al., 2016; Hughto et al., 2020), with gender affirmation providing an opportunity for connection, support and validation from others (Erich et al., 2008; Peters, 2018). However, the period during and after gender affirmation can also be associated with social exclusion and stigma, including loss of family or friends, discrimination at work leading to unemployment, and homelessness (Levitt & Ippolito, 2014; Verbeek et al., 2020), as well as violence (Ussher, Hawkey, Perz, Liamputtong, Sekar, et al., 2020). Trans women of color who live in predominantly White societies encounter multiple layers of stigma, discrimination and violence during and following gender affirmation (James et al., 2016; Sausa et al., 2007). This discrepancy parallels the layers of racial micro-aggressions experienced in everyday life by people of color (Sue et al., 2007), which is compounded by trans-misogyny – the combination of

transphobia (hatred of trans people) and misogyny (hatred of women) (Scheim & Bauer, 2015; Serano, 2007). Trans women of color have to navigate the intersected identity frames of gender, race, social class and sexuality (de Vries, 2012), with migrant trans women facing additional vulnerability due to their citizenship status (Chávez, 2011). Described as a matrix of domination (Flores et al., 2018), the intersection of these different types of stigmatization can serve to dehumanize and objectify trans people of color, resulting in self-surveillance and negative affective responses (Moradi, 2013).

Intersectionality theory is being increasingly used to examine the experience of trans people, including trans people of color (de Vries, 2015; Matsuzaka & Koch, 2019). This framework recognizes that trans women of color are characterized simultaneously by multiple intersecting social categories, which are properties of the individual in terms of their identity, as well as characteristics of social structures, and potentially expose trans women of color to multiple forms of marginalization. The term intersectionality, originally created by Kimberlé Crenshaw, challenged the notion of a universal gendered experience for Black women, critiquing mainstream feminist and race scholarship for not accounting for lived experiences of women of color (Crenshaw, 1989). More recent developments of intersectionality focus on the interaction and mutually constitutive nature of gender, race, religion, sexuality, age, and other categories of difference in women's lives and social practices (Davis, 2008, p. 68). An intersectional perspective rejects unitary conceptualizations of 'woman', which are often based on a White, middle class, cisgender, heterosexual and able-bodied ideal. It is argued that theorists must consider the impact of more than a single identity or typical category of analysis to identify how the collective impact of simultaneous interacting identities shape power, inequality and oppression (Bowleg, 2008; Hankivsky et al., 2010). Equally, scholars cannot reduce identity or experience to the summary of social positions in which one occupies, or is placed (Warner, 2008; Warner & Shields, 2018). Instead, attention must be paid to how these social identities – which are culturally and historically situated – interact to create specific manifestations of experience that cannot be explained by looking at one social identity alone (Warner, 2008, p. 454).

Strategies to avoid social exclusion and violence

Many trans people report constantly monitoring their behavior and appearance in order to minimize the possibility of social ostracization or violence (Hyde et al., 2014; Levitt & Ippolito, 2014). This is amplified for trans women of color who may be simultaneously hyper-visible as a trans woman, a non-White person, and often a queer person, in contexts dominated by constructions and impositions of cisgender heterosexual Whiteness in all areas of life (Valentine, 2007). Concealment of gender transition in order to maintain the appearance of being cisgender is a common strategy of self-protection, especially when an individual's preferred appearance has yet to be achieved (Levitt & Ippolito, 2014; Stephens, 2008). An alternative strategy is 'passing' through the embodiment of heteronormative femininity involving "ladylike" displays of attractiveness and behavior (Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). If trans women of color are attempting to adhere to ideals of White femininity, described as the "benchmark woman" within patriarchal discourse (Deliovsky, 2008, p. 49), the feeling of "a second skin that never adheres" may be acute (Kroeger, 2003, p. 8; Prosser, 1998). However, it is possible to find a comfortable expression of gender outside of hegemonic constructions of hetero-femininity or the binary of male and female. Previous research and auto-ethnographic accounts have focused on trans women challenging "the normative coercion to perform gender dichotomously" (Peters, 2018, p. 5), through occupying a "borderland" space in the middle (Prosser, 1998). Nonetheless, little is known about the ways in which trans women of color negotiate gender affirmation, associated with the risk of social exclusion and violence. This is the aim of this article.

Gender affirmation experiences of trans women of color

There is growing recognition that racial or social class experiences can influence and shape what

gender means and how it is expressed by trans people (Kerry, 2017; Valentine, 2007). This recognition reflects a process of "decolonization" within transgender studies, which contests "Whiteness as the given of the transgender subject" (Aizura et al., 2014, p. 309). Challenging this "necropolitical regime" has led to the call for attention to the ways in which trans people of color thrive and survive through fighting oppression on a day to day basis (Haritaworn & Snorton, 2013).

There is evidence that many trans women of color experience self-objectification following gender affirmation, feeling fetishized as a trans person, and as a woman of color (Ussher, Hawkey, Perz, Liamputtong, Sekar, et al., 2020). Trans women of color also report financial difficulties in relation to gender affirming medical intervention (Mizock & Hopwood, 2018), or refuse to answer the pathologizing question of clinicians which can be a part of medical assessment (Lane, 2018). As a result of these financial difficulties or refusal to engage with clinicians, trans women of color may be denied the "restorative" experience of medical gender affirmation (Prosser, 1998). They may also be vulnerable to the discrimination and violence associated with a gender minority status (Matsuzaka & Koch, 2019). Trans women of color are at higher risk of exclusion or violence from their family or cultural community (Singh et al., 2011), as gender transitioning is strongly taboo in many culturally and linguistically diverse (CALD) (de Vries, 2015; Pallotta-Chiarolli, 2018) and indigenous communities (Riggs & Toone, 2017). Migration can bring potential positive benefits for lesbian, bisexual, transgender or queer identified (LGBTQ) people, especially for those who are refugees and asylum seekers (Alessi, 2016). However, migration can also bring resettlement challenges and experiences of racist exclusion and abuse for trans people of color (Alessi et al., 2020).

Current study

The experience of being trans and a person of color, and societal responses to gender

affirmation, can vary across cultural contexts (Ussher, Hawkey, Perz, Liamputtong, Marjadi, et al., 2020). Previous Australian research on trans women of color has focused on family, community and relationships of indigenous sistergirls' (Riggs & Toone, 2017) and trans people living in remote communities (Kerry, 2017). There is a need for further research on gender transitioning and affirmation in a broader cross section of trans women of color living in Australia, including those who are migrants. This is the aim of the study on which this article is based. Informed by intersectionality theory, the research question addressed in this article is: How do trans women of color living in Australia negotiate gender transitioning and gender affirmation, in the context of the risk of social exclusion and violence?

Method

Recruitment and participants

In-depth interviews and photovoice were undertaken with 31 trans women of color, as part of a broader mixed method study examining gender transitioning and sexual violence experiences of trans women from CALD backgrounds living in Australia (Hawkey et al., 2020; Ussher, Hawkey, Perz, Liamputtong, Marjadi et al., 2020; Ussher, Hawkey, Perz, Liamputtong, Sekar et al., 2020). Participants were recruited through a range of LGBTQ (lesbian, gay, bisexual, transgender and queer) and migrant organizations, as well as through social media. Flyers and social media advertisements invited participation from those who identified as a "trans woman of color" or "trans woman from a non-English speaking background" to take part in interviews about their lives as trans women of color and experiences of sexual violence. Snowball sampling was also used (Fereshteh et al., 2017), asking study participants to pass on the study information to someone they knew who would fit the sampling criteria. Thirty one trans women responded to the invitation and completed the first interview, with 19 of these participants accepting the invitation to undertake a photovoice activity and follow-up interview. Data were collected between September

2018 and September 2019. To recognize the participant's time, they were provided with a gift voucher of AUD50 for each interview. The mean age of participants was 28.74 (SD 12.25). Ten of the participants were born in Australia, with mean time since migration 8.73 years (SD 9.43). Participants described a range of gender identities and cultural backgrounds, outlined in Table 1.

Procedure

Intersectionality methodology emphasizes the importance of engaging with women's voices and lived experiences to develop greater understanding of gender transitioning and affirmation at the nexus of culture, gender and sexuality (Hesse-Biber, 2014). Thus, semi-structured interviews were undertaken by a researcher who was a trans woman of color, one of the authors of this article. Interviews were undertaken face-to-face at a location that suited the participants or via videoconferencing for those who are unable to meet face-to-face. The interviews were conducted in English, digitally recorded, and took between 60 and 120 minutes (mean = 93; SD = 21). Interview participants were asked about their lived experiences as trans women of color, definitions and experiences of sexual violence, the strategies they adopted to respond to sexual violence, and experiences of support.

Following the initial interview, participants were invited to take part in a photovoice activity. The interviewer explained the purpose of photovoice and gave participants a one-page document with this description in written form, including tips and prompts for taking pictures and examples of photovoice images from previous studies, not related to sexual violence. Photovoice is an arts based methodology that involves the taking of pictures to help stakeholders visualize elements within an individual's life that are pertinent to a particular phenomenon, and facilitate involvement and empowerment of research participants (Teti et al., 2020). Photovoice has been described as an innovative method for working with marginalized people, as it implicitly challenges

Table 1. Demographic profile of participants.

Pseudonym	Age	Gender Identity and	PronounS	Sexual Identity	Ethnic Background
Amanda	54	Fa'afafine/trans woman	She/her/hers	Straight	Samoan/German
Asami	30	MTF Female	*	Pansexual	Chinese
Claudia	24	Female	She/her/hers	Bisexual	Vietnamese/Turkish
Dalilah	27	Trans woman	*	N/A	Egyptian Sudanese British
Dinaz	32	Trans Non-binary/Gender queer/transfemme	They/them/theirs	Queer	Half Goan/Half Parsi
Dora	24	Female	She/her/hers	Bisexual	Filipino
Elizabeth	27	Binary Trans woman	She/her/hers	Lesbian	Thai Malay Muslim
Emma	20	Female	She/her/hers	Bisexual	Chinese
Fairuza	33	Trans woman	She/her/hers	Straight	Iranian
Fiona	44	Non-binary Transfeminine	*	Bisexual/asexual	Jewish ancestry
Gabriella	28	Trans woman	She/her/hers	Heterosexual	Black
Jennifer	26	Trans woman	She/her/hers	Straight	Filipino
Jenny	45	Female/sistergirl	She/her/hers	Lesbian	Aboriginal/half White/Koori
Krithika	28	Trans woman	She/her/hers	Interested in women/transwomen	Indian
Kelly	33	Trans lady	She/her/hers	Straight	Vietnamese
Lin	34	Trans Non-binary Genderqueer/Queer	They/them/theirs	Fluid/ace/leaning toward mostly men/ curious/ queer	South East Asian Chinese/ Asian Australian
Lisa	20	Non-binary trans woman	She/her/hers	Panromantic/demisexual	Chinese Cambodian
Maria	22	Trans woman	She/her/hers	Asexual	Spanish English
Maya	23	Non-binary Femme	They/them/theirs	Pan/bisexual	Sri Lankan
Mei	20	Female	She/her/hers	Bisexual	Chinese
Natasha	27	Woman	She/her/hers	Queer/bisexual	Malaysian Chinese with a White dad
Petra	22	Non-binary Trans woman	She/her/hers/they/ them Theirs	Lesbian	Serbian Greek Australian
Rena	22	Transgender Female	She/her/hers	Pansexual	Malaysian Chinese
Revathi	32	Woman	She/her/hers	Straight	Indian
Sam	21	Genderfluid/feminine	They/them/theirs	Gay	British Indian
Sasha	25	Genderfluid	*	Straight/interested in men	Korean
Sefina	44	Fa'afafine	She/her/hers	Straight	Samoan
Selvi	27	Woman	She/her/hers	Pansexual	Tamil
Sofia	39	Transfemale	She/her/hers	Straight female	Argentinian
Steph	18	Female	She/her/hers	Pansexual leaning toward women	Chinese - Vietnamese
Tina	20	Female	She/her/hers	Bisexual	Hungarian/Irish/Australian/Pakistani/Mexican

*Data missing.

traditional structures of power as well as traditional modes of production of knowledge within research (McIntyre, 2008). Photovoice acknowledges that there are multiple ways of illustrating an experience and that utilizing different representational forms of data can enhance our understanding of lived experience (Desyllas, 2014).

The interview participants were invited to take photos to chronicle important aspects of their lives that highlight their experience of being a trans woman of color, their experiences of sexual violence, and their strategies to stay safe with regards to sexual violence. Participants used their own devices to take photographs and submitted them to the research team electronically. The photographs were used as the basis for discussion in a follow-up interview conducted with the initial interviewer, which focused on the meaning of the images participants had provided. Some of the participants found the photovoice and interview to be cathartic or reflective. Others found it challenging to come up with photos and express themselves, even with suggestions, and declined to take part in the photovoice activity.

Ethical considerations

This project was approved by Western Sydney University University Human Research Ethics Committee (H12530) and the Gender Center ethics committee. Ethical guidelines were strictly observed prior to, during and after the project completion, with participants providing written informed consent. All participants were provided with information for mental health services in the participant information sheet and in the interviews. Support was also provided for the interviewer, who engaged with the interviewees over a number of occasions, and listened to many accounts that were emotional and potentially distressing to hear. A stakeholder group which included academics, service providers and individuals with lived experience of being a trans woman of color, advised the research team on study design, data collection, analysis and ethics.

Analysis

Theoretical thematic analysis was used to analyze the interview data (Braun & Clark, 2013). All interviews were professionally transcribed verbatim and integrity checked for any errors. To develop the coding framework a number of steps were taken. First, we undertook a process of familiarization. Six members of the research team read a unique sub-sample of interview transcripts line by line to identify central concepts or 'initial codes'. This included codes such as "isolation", "silencing of violence" and "need for awareness". Through a process of discussion, these initial codes were then grouped and refined by the team to ensure all central concepts were accounted for across the data set. This grouping formed the basis of the coding framework. The second step was coding. The coding framework and transcripts, with photos embedded within text, were uploaded into the software package NVivo12. Three members of the research team took the lead on coding the data. Initially each member coded two of the same transcripts to ensure consistency across codes and to pilot the coding frame. After this process only two minor changes were made to the framework, due to an overlap in concepts. Two experienced researchers on the team then oversaw the whole coding process, supervising three research assistants, to ensure data was being coded consistently across each code.

The third step was developing and reviewing themes. When all data was coded, the three research assistants read each code in detail and key points were summarized, to form a coding summary (for a detailed example see Ussher, Hawkey, Perz, Liamputtong, Marjadi et al., 2020). The development of themes was an active process, which involved the research team reviewing the summarized codes and pulling together central narratives within and across the coded data according to commonality across participants and similarities in concepts (Braun & Clark, 2013). The themes were then reviewed through a process of consultation with the broader research team and trans community stakeholders. Following this process of consultation, the final themes were defined and named.

Reflexivity

Increasingly in qualitative research, researchers are seeking to acknowledge the situated nature of their research through a process of reflexivity,

engaging in critical self-reflection into the ways in which researchers' social backgrounds, assumptions, positioning and behavior may shape the research process as a whole (Finlay & Gough, 2003; Shaw, 2010). The research team (authors and research assistants) and the stakeholder advisory group included individuals who were cisgender and trans, men and women, from CALD and non-CALD cultural communities, across sexual identities – heterosexual, lesbian, gay and queer. At each stage we considered the ways in which our own subjectivity may have shaped the research process, including the research questions, the design, data collection, analysis and the translation of findings. However, the views of team members who were trans women of color were often given priority, due to their lived experience and insight. For example, in the analysis process, the complex meanings attached to gender affirmation, and distress associated with difficulties in accessing hormones, were identified by trans community stakeholders. In translating the findings, the decision to develop an online exhibition of the photovoice images, accompanied by women's stories (Ussher, Hawkey, & Perz, 2020), was influenced by information about accessibility and format provided by trans community stakeholders.

Results

Three themes were identified in the thematic analysis: 1) 'Gender affirmation: A bittersweet experience', with three subthemes: 'Self-empowerment tempered by family rejection', 'Migration facilitates gender affirmation' and 'Gender affirmation and social support'; 2) 'Being a trans woman of color', three subthemes 'Bodily agency and passing', 'Femininity as pleasure and cultural self-expression', and 'Resisting archetypal White hetero-femininity'; 3) 'Hormones, surgical intervention and navigating the health system'.

When reporting participants accounts, all participants are given pseudonyms. All participants provided permission for their photographs to be used in publication through being sent a copy of the images we selected and the accompanying descriptions from the interviews for approval. In the description of the results below, we describe interviewees as "women", use the term "queer" when referring to lesbian, gay, bisexual identities and "women of color" to refer to ethnic identities. We use the gender pronouns preferred by participants and have assigned pseudonyms.

Gender affirmation: a bittersweet experience

Self-empowerment tempered by family rejection

Gender transitioning and affirmation was described by all participants as a bittersweet process. It encompassed self-empowerment and feelings of euphoria at being able to express their "true" gender identity, but was often tempered by family rejection. Across the interviews, women reported that gender transitioning and affirmation had a positive impact on their sense of self, resulting in an increased sense of "comfort", as well as feeling "content", "empowered" and "confident". For example, Steph told us "Well, when you start presenting yourself as female you feel a lot better…more comfortable" and Lin said that living as a woman meant they finally felt "at home in my body and non-traumatized". This "new life" was being a woman, with many participants seeing 'trans' not as an identity to adopt, but a step in the process to becoming a woman. These women no longer identify as trans, but "simply identify as a woman".

For some women, families were not supportive, and being openly trans in their family context was not an option, inhibiting gender affirmation, as Lin told us, "I'm only male when I see my parents." Family members refusing to acknowledge chosen names or pronouns was commonly reported. For example, Lisa said her parents "still call me by my dead name, their son". Other participants shared that their parents had forced them to engage in "gay conversion therapy" (Sam) and "having used their power" to stop women transitioning, or "threatened to kick me out of the house if I ever told my friends" (Emma).

For many participants, the lack of support and negative reactions from their families was attributed to cultural or religious beliefs, with Gabriella saying that her mother "just doesn't like what I am" because she "is deeply rooted into her religion". Other participants described practicing a religion prior to their transition

and experiencing judgment, gossip or exclusion from religious institutions due to their gender and sexuality diversity. For example, Sam who previously identified as Christian said, "because I identified as gay…I wasn't allowed to be in outreach missions anymore. They completely isolated me from being a part of the church and taking part in church, which is really bad."

Escape from cultural and familial constraints: migration facilitates gender affirmation

Migration could provide a release from familial and cultural approbation, facilitating gender transitioning and gender affirmation, particularly for those who came from countries where being gender diverse or trans was not accepted. Krithika said she "never had the chance to explore" her real gender identity in India as "everyone is closeted". Migration gave her freedom to express herself, "So this is the first time after coming to Australia I'm living [as a trans woman]". Jennifer told us that after migration she could more easily pass as a woman, and feel happy in her body, because she didn't stand out as a tall woman, as she had in her home country:

> My height dysphoria really vanished because I thought I'm tall, 'cause Filipinos are just like five flat or 5'2" and I'm like 5'5". I'm like, "Oh my God, I wish I get smaller or shorter." And like here [in Australia], you just feel average. I feel like I'm just normal because that's actually my goal.

Many women described feeling "safer in Australia" in relation to family violence. Sofia explained; "In Argentina…I didn't have the courage to come out because I was in a really violent household…So to me, going to Australia, was the exit, like the paradise, freedom". Migration could also open up work and study opportunities for trans women that would not be available in their countries of origin, due to transphobia and discrimination. Krithika said that in India trans women are often "like homeless and really bad, because all they do is like ask for money… because they don't have any opportunities", illustrating the intersection of gender and social class in women's experience of difficulty post gender transition.

Finding community: gender affirmation and social support

Conversely, support from partners, friends, places of work and the LGBTQ community facilitated women's exploration of different identities and journey to gender affirmation, with some participants also reporting support from family. For example, Jenny told us that being gender non-conforming was accepted in the Australian Indigenous culture, "When I was growing up, I just knew that I was a different gender…different but accepted. I was actually initiated as an [Aboriginal] female, because they've recognized me as more feminine trait than male". For others, families were described as "very accepting", "very good" and "understanding", with Sofia saying "from day zero [my sister] was like, 'You're my sister', that's it. She never misgendered me. She's so supportive." Inclusion and acceptance within the workplace resulted in participants feeling valued, respected and affirmed in their trans identity. As Jennifer shared;

> Every time there are clients that will be going to the work, and they would be asking about inclusivity and diversity, they would ask me to go in and they would just tell [them], 'Oh, this is [participant name]. She's the only trans person that we have here in this project.' I just feel happy about it because they care about me and they value me. Everyone just respects me, everyone loves me, everyone accepts me.

The importance of the "sisterhood" of other trans women of color was emphasized by many. Amanda told us; "sisters of color always embrace each other…we know our journey…We also believe in culture and that's one thing that brings us together, and this is the truth about us girls."

Participants described this peer support as being important for "solidarity" and "affinity", being "super helpful" and central to women's sense of belonging.

Being a trans woman of color

Bodily agency and passing

For the majority of participants, the process of gender transitioning and affirmation was described as an embodied experience – with sense of self expressed and experienced through the body.

Gender affirmation involved learning to express and engage with embodied femininity, often through 'passing'. For many women this was reflected in growing bodily agency, but also constant awareness of the need to avoid discrimination, social exclusion and violence.

The majority of participants focused on being perceived publicly as a "normal" (cis) woman, with the "goal" being "just to pass, just to blend in". Jennifer said she was very happy because "any guy would just look at me, they wouldn't know that I'm trans", an "achievement" illustrated in her photograph below "Whisper panty liners" (Figure 1). This photo represented an experience of being given a free panty liner handed out to women at a train station in the Philippines, which made Jennifer "come into a realization that I'm already at the peak of my transition as a trans woman, because everyone just sees me as cisgender".

Figure 1. Whisper panty liners.

For some of the participants, passing was about pleasure and feelings of embodied agency. Gabriella's photograph 'selfie with bun' illustrates the pleasure she felt when men told her she was beautiful, making her feel like the "prettiest girl in the world" (Figure 2). However, at the same time she recognized that this was "not the kind of feeling that girls like us" often get, as "our beauty is not really celebrated like that". In this instance, 'us' refers to being trans, and a person of color.

Figure 2. Selfie with bun.

Passing meant that women were not in "danger" of transphobic verbal or physical assault, or being made to feel "unwelcome" in public spaces, as Jenny told us, "a person that passes, gets treated a lot better". Women who did not pass easily described experiencing mockery and verbal insults, resulting in being made to "feel intimidated just because of the fact that I'm trans", which was positioned as "a form of violence". Sexual assault, sometimes accompanied by other forms of physical violence, was also a common experience. Gabriella described a "group of people who spotted me and targeted me, and followed me until I was in a vulnerable spot, in a vulnerable corner, and then they attacked me". However, women who passed were not immune to misogynistic verbal harassment or physical assault, with many describing being cat-called, followed or grabbed on the basis of being a woman. As Jennifer told us:

Before when I was transitioning, I get cat called because I am clockable [identified as a trans woman]. But now, I get catcalled because I'm a girl, I'm a woman, and that's more dangerous, because there were times wherein they would cat-call and then they would also mix it with a little bit of physical thing.

The uncertainty about whether or not one would pass provoked anxiety, particularly the first time a woman went out in public. Claudia described feeling "terrified" the first time she presented as "femme" in a non-trans space, when she went to "an interview as myself". She said she was "ecstatic" when she "actually got the job" and described being very happy "not having to be closeted or hide at work".

Femininity as pleasure and cultural self-expression

Gender transitioning and affirmation was described by many participants as a pleasurable expression of femininity and cultural self-expression, involving ongoing work that "takes a lot of practice". For some, this "work" involved embracing an archetypal hetero-feminine appearance. This included makeup, hair removal, wearing "floral clothes", high heels, and a womanly posture, as well as other culturally appropriate signifiers of femininity.

Learning how to do "makeup" through the application of cosmetics was central to becoming "femme" for some women, described as "gender affirming", a manifestation of embodied agency, and a connection with "the divine feminine". Dora told us that she carried her makeup bag "around all the time" and that, it was weirdly powerful, I've got my tools with me, the feeling of euphoria… it also helps reinforce my identity." The removal of facial and other visible body hair was also a central part of the experience of femininity for many participants, however no one described this as a pleasurable experience. For example, Sofia told us that she had spent $10,000 on laser treatment to "kill the hairs forever" across her "whole body", and "it was really painful. It damaged my skin". She went through this pain and expense because she said "my skin is quite fair and my hair is black", and she would not pass as a woman if the hair wasn't removed. These processes of hair removal alongside the use of makeup were described by Lin as "engaging [in] body modifications" to achieve "certain kinds of gender outcomes", in response to "differing degrees of vulnerability" as a trans person of color and a woman. This experience is illustrated in their photograph "makeup and razor" (Figure 3).
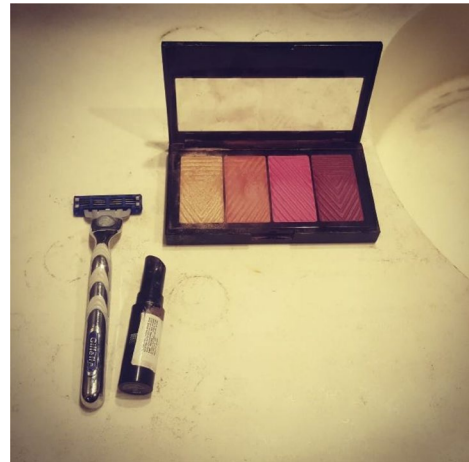

Figure 3. Makeup and razor.

Expression of femininity was influenced by a woman's cultural and community context. For example, Sam talked about using jewelry and scarves as a form of self-expression, reflecting the intersection of femininity and their cultural identity as a person from a mixed race Indian background. In their photograph "selfie with red scarf", they described scarves as "very much feminine and it reminds me of saris and it reminds me of the flowing fabric. That's what first drew me to my feminine nature, the flowiness of fabric, the flowiness of hair" (Figure 4).

Sam also describing dressing in cultural specific jewelry that "women wear when they are

Figure 4. Selfie red scarf.

married" and thus "that's how I express myself as a trans person of color". Negotiating queer identity, alongside gender and cultural identities, was central to gender transitioning and affirmation for many women. This is illustrated in Maya's photograph "half face mask", which is described as using "performance as the way to explore my culture and my gender at the same time. It's a safe space for me to be able to be Sri Lankan and be visibly queer" (Figure 5).

Figure 5. Face half mask.

"Who is this femme for?" resisting archetypal White hetero-femininity

Not all trans women of color could pass as a 'pretty girl' or 'beautiful woman', and made the decision to resist the expectations of archetypal whole hetero-femininity. Some participants described expressing their gender identity "within the confines or bounds" of the "physical body", subverting or redefining archetypal femininity in the process. For example, Jenny said that "Not in hell I'm gonna pass. That's because of the massive scar across my face". As a result, she identified "not as a cis male", but as a "trans gender female and a proud one, and a fucking loud one". For others, it was their size and body hair, as well as their "brown" skin that made passing difficult. Dinaz said they could never pass because "I'm tall and I'm big and buxom", and as a result "I have to find the ways of being that are feminine but that also work with my body, not against it". She continued:

> It took me until about 28 [years old] to really start identifying as femme and I would identify as a sort of femme bear because I was [a] big brown hairy

person and it allowed me – creating this subversive weird identity allowed me to explore femininity but within the confines or the bounds of my physical – my bodily stuff.

Not being feminine could also result in exclusion from spaces where trans women were normally safe. Fiona told us that soon after she started transitioning, she got banned from a number of trans support groups she had joined "because of my very male appearance and the fact that I cannot cover that up with makeup". As a result, she said "they saw me as one of these concerted infiltrators…they assumed that I was an outsider and they kicked me out".

In expressing and affirming their gender identities, many women challenged and resisted representations and practices associated with archetypal White femininity. Some women described empathizing with cisgender women in feeling pressurized to adopt a perfect and "unrealistic" appearance, including "staying a certain size or having big breasts". This empathy led to feelings of "solidarity with all women, we're being pressured around how to look in our body" (Lin). They continued:

> A disproportionate amount of my own self-consciousness is related to being trans but there are lots of cis-women who experienced gender dysphoria, there are lots of cis-women who are also fucking worried about their hairlines and the bust lines and their hips and just like, Oh, this is just what it means to be femme. Fucking patriarchy, shit.

Many women described resisting beauty ideals through eschewing make-up and other visible signifiers of hetero-femininity. Lin was clear that "there's no one way to be femme. And if I wanted to tie my hair back and show my hairline and have no makeup that's OK". This view is illustrated in her photograph "hand with black nails" with Lin questioning "who is this femme for, who gains out of this? Whose power is this?" (Figure 6).

Jennifer's photograph "selfie with hair product" represents her response to the pressure from the "trans community" to straighten her hair and lighten her skin, in order to be "accepted as pretty" and to be "more passable and more feminine" as a "trans woman of color" in the Philippines (Figure 7). The photograph of Shea

Figure 6. Who is this femme for?

Figure 7. Selfie with hair product.

Figure 8. Selfie traditional Korean.

moisturizer, used as a "curl enhancing smoothie" represents "accepting me as who I am, a woman of color", happy without trying to modify her curly hair or brown skin.

Sasha described subverting the association of femininity with women who are "White and skinny" through adopting traditional Korean dress for a photoshoot, where her "little bit curvy" shape was represented as "beautiful". She illustrates this in her photograph "selfie traditional Korean", where she embraces a traditional

Korean notion of beauty, where desirable women are "a little bit heavy" (Figure 8).

"I'm now 100% woman": hormones, surgical intervention and navigating the health system

Many participants positively embraced hormones or other forms of medical intervention because of "wanting to see a lot of physical changes" or wanting to "convert everything…totally change". However, there were sometimes negative side effects to medical interventions, or obstacles to access through the health system. Hormones were described as "very important for trans women because that's the way that you can look like a woman" (Mei). She continued;

> [It affects] the beard, that's very important because it looks very weird when a woman have beard. It's also changing your body fat, the fat of your body. So, like, your face will look more like a woman and the body – all the body will change to a woman's – to a woman's style.

These changes led to participants reporting that they were now "100 percent woman" (Revathi) resulting in increased "positivity", "confidence" and positive "mental wellbeing". Selvi told us that she had been through a period of depression "but when I started hormones, I got out of that and started to recover, I started being able to go out again". However, hormonal intervention was also a daily reminder of being different, "a reminder that we are trans" (Sofia). Hormones were also associated with a range of negative emotions, such as "crying a lot" or "emotionally responding to everything" (Dora) and being "up and down a lot, very sensitive" (Sofia). A few women reported that they had a lower sex drive after taking hormones, as Mei said; "My sex desire is lower and lower". These emotional and physical side effects of hormones led Gabriella to comment that "transitioning is not a walk in the park"; instead:

> It's a lot. It's all those hormones, and the changes, and the medical, and, you know, the chemical imbalances, and what it does to your brain function, and your emotions, and all of that, like it's a lot. It's a lot.

Many women gave accounts about the difficulties of access to hormones and surgery. Some felt "fortunate" to have been able to navigate the system; others faced obstruction or roadblocks from "gate-keeping", represented in Fiona's photograph "stop sign" which symbolized "rules about who can access hormones and surgery (Figure 9). I think that affects a lot of trans women of color because they are still facing

Figure 9. Stop sign.

discrimination on so many levels". Lack of access to hormones through the health system can lead women to source "counterfeit" or "fake hormones" which may not be effective or may carry other risks.

The cost of hormonal or other forms of medical intervention, as well as costs for electrolysis or laser hair removal, was a major issue for many of the trans women of color that we interviewed. A small number of women discussed the high costs involved in relation to gender re-assignment surgery and the impact of their lives. Claudia described, "A huge chunk of my income goes to either medically transitioning, or therapy, or psychiatrists, other medical fees…this is why I'm living in a house that goes through a dingy alley between some shops". Poverty and lack of resources to live or fund gender related health costs meant that some women remained employed in jobs they did not like, or participated in sex work to cover the cost of their gender treatment. Sasha told us;

> I have to go to a specialist, so they all cost money and in order to survive, I need to do sex work… sex work is not always our first choice but it's what keeps us alive…the options are limited.

In some contexts, medical transitioning is a necessary step in legally changing from a "dead name" [previous name] to a preferred name. As one of our community stakeholders told us:

> In New South Wales a trans person needs to have had a medical procedure of some kind to change their legal sex on their birth certificate. This is terribly cruel to trans people who cannot afford surgery and to those who don't intend to get surgery. The law puts pressure on trans people to get invasive surgeries just to be recognized as their correct sex.

This inability to legally change to a preferred name had material implications for visa applications, taxation, child support, getting or changing a lease on a house, and accessing unemployment benefit.

Discussion

This article has demonstrated that the expression of femininity for trans women of color always takes place at the intersection of gender, culture,

social class and sexuality, reinforcing the utility of intersectionality theory for trans studies (de Vries, 2012). Gender transitioning and affirmation is generally a positive experience in relation to feelings of authenticity and positive mental health (Bettcher, 2014; Riggle et al., 2011), as reported by participants in the present study. This validates the Australian legal reform associated with gender affirming medical treatment, which is now offered within the national health system, as a result of the recognized psychological benefits for the individual (Telfer et al., 2018). However, following gender affirmation trans women of color in Australia have to navigate racial identities and expectations, and for many, queer identities, in addition to the risk of being socially excluded or attacked because of being identified as trans, as reported in previous research (Bettcher, 2014; Yavorsky & Sayer, 2013). This is evidence of intersecting identities that can lead to multiple forms of marginalization and stigmatization, serving to dehumanize and objectify trans people of color, resulting in negative affective responses (Moradi, 2013). It is essential that sexual violence and mental health service providers are attuned to this marginalization, and offer services that are inclusive to trans women of color (Hawkey et al., 2020). This includes ensuring trans women of color are not victim blamed when reporting sexual violence and ensuring that policy, practice documents, and clinical guidelines use language that is gender and sexuality inclusive (Pallotta-Chiarolli, 2018).

Social support plays a crucial role in helping individuals to overcome adversity in life, including building resilience in the face of rejection, hostility or violence associated with gender transitioning (Logie et al., 2018). In this vein, social support has been found to be linked with better health and quality of life in trans people (Trujillo et al., 2017) and LGBTQ people of color (Hudson & Romanelli, 2020). Not all women in the present study received support in relation to gender affirmation. Family rejection, including refusal to acknowledge their preferred name and pronoun, as well as exclusion from religious communities, is a common experience of many LGBTQ people, a form of minority stress resulting from intersecting gender, sexual and cultural identities (Pallotta-Chiarolli, 2018; Peters,

2018). This rejection is one explanation for the higher rates of mental health concerns reported by trans people, in particular trans women (Hyde et al., 2014; Nemoto et al., 2011). Trans women of color are at higher risk of exclusion or violence from their family or cultural community (Singh et al., 2011), as gender transitioning is strongly taboo in many CALD communities (de Vries, 2015; Pallotta-Chiarolli, 2018).

Migration to Australia was a key enabler of gender affirmation for many of our participants, who were born in geographical and cultural contexts where gender and sexuality diversity was taboo, or where their families exerted control over their lives. This finding confirms the potential positive benefits of migration for LGBTQ people, especially for those who are refugees and asylum seekers (Aizura, 2006; Alessi, 2016; Cotten, 2012). However, migration can also bring resettlement challenges and experiences of racist exclusion and abuse for trans people (Alessi, 2016; Alessi et al., 2020), with citizenship status increasing the risk of sexual victimization for trans women during the migration process (Chávez, 2011). Trans women of color who are migrants may need support in establishing safety and stability in their chosen gender, as well as strategies for dealing with the challenges of resettlement (Alessi & Kahn, 2017), which may compound the minority stress that is experienced by LGBTQ individuals (Yavorsky & Sayer, 2013).

Social transitioning and gender affirmation through disclosure of gender identity to others, adoption of a new name or gender pronoun, and modification of physical appearance, was reported by all of the participants in our study. The consequences of being perceived as gender nonconforming within a trans misogynistic and cis-normative society means conforming with sociocultural expectations of gender through "passing" is imperative for trans women (Miller & Grollman, 2015). As a result, the adoption of an archetypal "hetero-feminine" appearance (Yavorsky & Sayer, 2013) was the goal of many of the women in our study. In addition to "ladylike" displays of attractiveness, hetero-femininity is associated with a pressure on women to embody vulnerability and subordination to men, described as the embodiment of beliefs and practices of gendered fear

(Rader, 2008). Passing as a cisgender woman thus opened up the risk of misogynistic sexual harassment and assault, but is also a mechanism through which trans women reduce the risk of transphobic abuse (Yavorsky & Sayer, 2013). There is strong evidence that visibly appearing gender non-conforming heightens the risk of violence for trans women (Jauk, 2013), leading to the conclusion that the threat of violence serves as "gender policing" (p. 808).This form of gender policing impacts on all individuals who do not fit as expected with dominant norms of masculine/feminine behavior as deemed appropriate to biological sex (Butler, 1990; Migdalek, 2014), with LGBTQ people particularly vulnerable (Bianca, 2012). This is amplified for trans women of color who are simultaneously hypervisible as a trans woman and as a non-White person, and often a queer person, in a country dominated by constructions and impositions of cisgender heterosexual Whiteness in all areas of life (Graham, 2014; Valentine, 2007). Engagement in "passing" was therefore a way of getting along in a context that would otherwise exclude or marginalize the passer, avoiding conflict, danger, prejudice, or discrimination, and facilitating social acceptance (Kroeger, 2003).

For women who could pass, it was an act of pleasure. However, many women resisted or subverted ideals of White hetero-feminine beauty, which are "oppressive to women of color with naturally 'frizzy hair'" (Deliovsky, 2008, p. 50), by embracing culturally appropriate clothes, jewelry and hair styling. Others who could not pass, or chose not to pass, resisted trans-normativity by embraced the "borderland" space in the middle (Peters, 2018). This confirms previous research and auto-ethnographic accounts of trans women challenging "the normative coercion to perform gender dichotomously" (Peters, 2018, p. 5), described as "border-dwelling" (Pallotta-Chiarolli, 2010) or "genderqueer" (Fletcher, 2013). In embracing their gender and sexuality diversity in ways they experienced to be culturally appropriate and valued, the women we interviewed demonstrated pride, agency and resilience in the face of a world that was often hostile and exclusionary, through their intersecting gender, sexual and cultural identities, as identified in previous research (de Vries, 2012; Singh et al., 2011). This suggests that

services that support trans individuals should be attuned to cultural nuances in gender expression, and facilitate women's agency in gender affirmation in ways that are acceptable to the individual.

Many women used hormonal interventions to achieve gender affirmation, with a minority seeking surgical intervention. International studies have found that between 42-61% of trans individuals use hormonal interventions to affirm their gender (Callander et al., 2019; Grant et al., 2011; Scheim & Bauer, 2015). The cost of social and medical gender transitioning is prohibitive for many trans people, particularly in context such as Australia where the full cost of medical transitioning is not borne by the Medicare system, and many participants were on low incomes. Accounts of difficulties in accessing hormonal intervention in the present study emphasize the importance of culturally competent care for trans people and funding of hormonal treatment and surgery (Pallotta-Chiarolli et al., 2019). The Informed Consent (IC) model from the World Professional Association for Transgender Health (2012) has been evaluated positively by gender diverse people (Pallotta-Chiarolli et al., 2019), alongside other trans affirmative care, including use of correct pronouns, staff trained in cultural safety, non-gendered bathroom facilities, and trans and gender diverse specific literature and health resources (Arora et al., 2020).

There are a number of strengths and limitations in this study. A strength is the adoption of a intersectional framework (Crenshaw, 1989) which allows us to understand the complexity of the experience of gender transitioning and affirmation for trans women of color, a group often neglected in research. The trans community stakeholder involvement is a strength, as is the in-depth examination of lived experiences through interviews and photovoice, facilitated by strong interviewer rapport, giving voice and empowerment to a group of marginalized women (Liamputtong, 2010). The limitations are that participants responded to a request to take part a study examining sexual violence and gender transitioning, which means that the women's accounts may not represent the full range of gender affirmation experiences of trans women of color. Our interviews were with a relatively small

group of women, conducted in English. In future research, interviews in the preferred language of participants would facilitate exploration of women who do not speak English, across a wider range of participants. Whilst 31 women took part in the first interview, only 19 chose to engage in the photovoice activity, which is a limitation. However, the photovoice was optional, and we did not want to exclude women who were reluctant to engage with visual methods.

Conclusion

The experience of gender transitioning and gender affirmation for trans women of color involved the intersection of gender, cultural, social class and sexual identities, accomplished through personal agency and with the support of significant others, including family, friends and coworkers. This study suggests that the unique meaning and experience of gender transitioning and affirmation for people of color needs to be taken into account when developing programs of support and intervention. To ensure that policy and support services meet the needs of trans women of color, it is critical that the voices of such multiply-marginalized women are at the center of leadership, program and policy development.

Conflict of interest

The authors declare that there is no conflict of interest.

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